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110TH CONGRESS
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H. R. 5501

[Report No. 110–546, Part I]

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 27, 2008

Mr. BERMAN (for himself, Ms. ROS-LEHTINEN, Mr. PAYNE, Ms. LEE, Mr. WAXMAN, and Ms. JACKSON-LEE of Texas) introduced the following bill; which was referred to the Committee on Foreign Affairs, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

MARCH 10, 2008

Reported from the Committee on Foreign Affairs

MARCH 10, 2008

Committee on Financial Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

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A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Tom Lantos and Henry J. Hyde United States Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

SEC. 2. FINDINGS.

Section 2 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601) is amended by adding at the end the following:

''(29) The HIV/AIDS pandemic continues to pose a major threat to the health of the global community, from the most severely-affected regions of sub-Saharan Africa and the Caribbean, to the emerging epidemics of Eastern Europe, Central Asia, South and Southeast Asia, and Latin America.

''(30) According to UNAIDS' 2007 global estimates, there are 33.2 million individuals with HIV/AIDS worldwide, including 2.5 million people newly-infected with HIV. Of those infected with HIV, 2.5 million are children under 15 who also account for 460,000 of the newly-infected individuals.

''(31) Sub-Saharan Africa continues to be the region most affected by the HIV/AIDS pandemic. More than 68 percent of adults and nearly 90 per-

cent of children with HIV/AIDS live in sub-Saharan Africa, and more than 76 percent of AIDS deaths in 2007 occurred in sub-Saharan Africa.

''(32) Although sub-Saharan Africa carries the heaviest disease burden of HIV/AIDS, the HIV/AIDS pandemic continues to affect virtually every world region. While prevalence rates are relatively low in Eastern Europe, Central Asia, South and Southeast Asia, and Latin America, without effective prevention strategies, HIV prevalence rates could rise quickly in these regions.

''(33) By world region, according to UNAIDS' 2007 global estimates—

''(A) in sub-Saharan Africa, there were 22.5 million adults and children infected with HIV, up from 20.9 million in 2001, with 1.7 million new HIV infections, a 5 percent prevalence rate, and 1.6 million deaths;

''(B) in South and Southeast Asia, there were 4 million adults and children infected with HIV, up from 3.5 million in 2001, with 340,000 new HIV infections, a 0.3 percent prevalence rate, and 270,000 deaths;

''(C) in East Asia, there were 800,000 adults and children infected with HIV, up from

420,000 in 2001, with 92,000 new HIV infections, a 0.1 percent prevalence rate, and 32,000 deaths;

''(D) in Eastern and Central Europe, there were 1.6 million adults and children infected with HIV, up from 630,000 in 2001, with 150,000 new HIV infections, a 0.9 percent prevalence rate, and 55,000 deaths; and

''(E) in the Caribbean, there were 230,000 adults and children infected with HIV, up from 190,000 in 2001, with 17,000 new HIV infections, a 1 percent prevalence rate, and 11,000 deaths.

''(34) Tuberculosis is the number one killer of individuals with HIV/AIDS and is responsible for up to one-half of HIV/AIDS deaths in Africa.

''(35) The wide extent of drug resistant tuberculosis, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), driven by the HIV/AIDS pandemic in sub-Saharan Africa, has hampered both HIV/AIDS and tuberculosis treatment services. The World Health Organization (WHO) has declared the prevalence of tuberculosis to be at emergency levels in sub-Saharan Africa.

''(36) Forty percent of the world's population, mostly poor, live in malarial zones, and malaria, which is highly preventable, kills more than 1 million individuals worldwide each year. Ninety percent of malaria's victims are in sub-Saharan Africa and 70 percent of malaria's victims are children under the age of 5. Additionally, hunger and malnutrition kill another 6 million individuals worldwide each year.

''(37) Assistance to combat HIV/AIDS must address the nutritional factors associated with the disease in order to be effective and sustainable. The World Food Program estimates that 6.4 million individuals affected by HIV will need nutritional support by 2008.

''(38) Women and girls continue to be vulnerable to HIV, in large part, due to gender-based cultural norms that leave many women and girls powerless to negotiate social relationships.

''(39) Women make up 50 percent of individuals infected with HIV worldwide. In sub-Saharan Africa, where the HIV/AIDS epidemic is most severe, women make up 57 percent of individuals infected with HIV, and 75 percent of young people infected with HIV in sub-Saharan Africa are young women ages 15 to 24.

''(40) Women and girls are biologically, socially, and economically more vulnerable to HIV infection. Gender disparities in the rate of HIV infection are the result of a number of factors, including the following:

''(A) Cross-generational sex with older men who are more likely to be infected with HIV, and a lack of choice regarding when and whom to marry, leading to early marriages and high rates of child marriages with older men. About one-half of all adolescent females in sub-Saharan Africa and two-thirds of adolescent females in Asia are married by age 18.

''(B) Studies show that married women and married and unmarried girls often are unable or find it difficult to negotiate the frequency and timing of sexual intercourse, ensure their partner's faithfulness, or insist on condom use. Under these circumstances, women often run the risk of being infected by husbands or male partners in societies where men in relationships have more than one partner. Behavior change is particularly important in societies in which this is a common practice.

"(C) Because young married women and girls are more likely to have unprotected sex and have more frequent sex than their unmarried peers, and women and girls who are faithful to their spouses can be placed at risk of HIV/AIDS through a husband's infidelity or prior infection, marriage is not always a guarantee against HIV infection, although it is a protective factor overall.

"(D) Social and economic inequalities based largely on gender limit access for women and girls to education and employment opportunities and prevent them from asserting their inheritance and property rights. For many women, a lack of independent economic means combines with socio-cultural practices to sustain and exacerbate their fear of abandonment, eviction, or ostracism from their homes and communities and can leave many more women trapped within relationships where they are vulnerable to HIV infection.

"(E) A lack of educational opportunities for women and girls is linked to younger sexual debut, earlier childhood marriage, earlier child-

bearing, decreased child survival, worsening nutrition, and increased risk of HIV infection.

''(F) High rates of gender-based violence, rape, and sexual coercion within and outside marriage contribute to high rates of HIV infection. According to the World Health Organization, between one-sixth and three-quarters of women in various countries and settings have experienced some form of physical or sexual violence since the age of 15 within or outside of marriage. Women who are unable to protect themselves from such violence are often unable to protect themselves from being infected with HIV through forced sexual contact.

''(G) Fear of domestic violence and the continuing stigma and discrimination associated with HIV/AIDS prevent many women from accessing information about HIV/AIDS, getting tested, disclosing their HIV status, accessing services to prevent mother-to-child transmission of HIV, or receiving treatment and counseling even when they already know they have been infected with HIV.

''(H) According to UNAIDS, the vulnerability of individuals involved in commercial sex

acts to HIV infection is heightened by stigmatization and marginalization, limited economic options, limited access to health, social, and legal services, limited access to information and prevention means, gender-related differences and inequalities, sexual exploitation and trafficking, harmful or non-protective laws and policies, and exposure to risks associated with commercial sex acts, such as violence, substance abuse, and increased mobility.

''(I) Lack of access to basic HIV prevention information and education and lack of coordination with existing primary health care to reduce stigma and maximize coverage.

''(J) Lack of access to currently available female-controlled HIV prevention methods, such as the female condom, and lack of training on proper use of either male or female condoms.

''(K) High rates of other sexually transmitted infections and complications during pregnancies and childbirth.

''(L) An absence of functioning legal frameworks to protect women and girls and, where such frameworks exist, the lack of ac-

countable and effective enforcement of such frameworks.

''(41) In addition to vulnerabilities to HIV infection, women in sub-Saharan Africa face a 1-in-13 chance of dying in childbirth compared to a 1-in-16 chance in least-developed countries worldwide, a 1-in-60 chance in developing countries, and a 1-in-4,100 chance in developed countries.

''(42) Due to these high maternal mortality rates and high HIV prevalence rates in certain countries, special attention is needed in these countries to help HIV-positive women safely deliver healthy babies and save women's lives.

''(43) Unprotected sex within or outside of marriage is the single greatest factor in the transmission of HIV worldwide and is responsible for 80 percent of new HIV infections in sub-Saharan Africa.

''(44) Multiple randomized controlled trials have established that male circumcision reduces a man's risk of contracting HIV by 60 percent or more. Twelve acceptability studies have found that in regions of sub-Saharan Africa where circumcision is not traditionally practiced, a majority of men want the procedure. Broader availability of male circumcision services could prevent millions of HIV in-

fections not only in men but also in their female partners.

''(45)(A) Youth also face particular challenges in receiving services for HIV/AIDS.

''(B) Nearly one-half of all orphans who have lost one parent and two-thirds of those who have lost both parents are ages 12 to 17. These orphans are in particular need of services to protect themselves against sexually-transmitted infections, including HIV.

''(C) Research indicates that many youth benefit from full disclosure of medically accurate, age-appropriate information about abstinence, partner reduction, and condoms. Providing comprehensive information about HIV, including delay of sexual debut and the ABC model: 'Abstain, Be faithful, use Condoms', and linking such information to health care can help improve awareness of safe sex practices and address the fact that only 1 in 3 young men and 1 in 5 young women ages 15 to 24 can correctly identify ways to prevent HIV infection.

''(D) Surveys indicate that no country has succeeded in fully educating more than one-half of its youth about the prevention and transmission of HIV.

''(46) According to the United Nations High Commissioner for Refugees (UNHCR), HIV/AIDS prevalence rates among refugees are generally lower than the HIV/AIDS prevalence rates for their host communities, though perceptions run counter to this fact. However, peacekeeping operations that no longer deploy HIV/AIDS-positive troops still face vulnerabilities to sexual transmission of HIV with HIV-positive individuals in refugee camps. Host countries generally do not provide HIV/AIDS prevention, treatment, and care services for refugees.

''(47) Continuing progress to reach the millions of impoverished individuals who need voluntary testing, counseling, treatment, and care for HIV/AIDS requires increased efforts to strengthen health care delivery systems and infrastructure, rebuild and expand the health care workforce, and strengthen allied and support services in countries receiving United States global HIV/AIDS assistance.

''(48) While HIV/AIDS poses the greatest health threat of modern times, it also poses the greatest development challenge for developing countries with fragile economies and weak public financial management systems that are ill equipped to shoulder the burden of this disease. International

donors will have to play a critical role in providing resources for HIV/AIDS programs far into the future.

''(49) The emerging partnerships between countries most affected by HIV/AIDS and the United States must include stronger coordination between HIV/AIDS programs and other United States foreign assistance programs, and stronger collaboration with other donors in the areas of economic development and growth strategies.

''(50) The future control of HIV/AIDS demands coordination between international organizations such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNAIDS, the World Health Organization (WHO), the World Bank and the International Monetary Fund (IMF), the international donor community, national governments, and private sector organizations, including community and faith-based organizations.

''(51) The future control of HIV/AIDS further requires effective and transparent public finance management systems in developing countries to advance the ability of such countries to manage public revenues and donor funds aimed at combating HIV/AIDS and other diseases.

''(52) The HIV/AIDS pandemic contributes to the shortage of health care personnel through loss of life and illness, unsafe working conditions, increased workloads for diminished staff, and resulting stress and burnout, while the shortage of health care personnel undermines efforts to prevent and provide care and treatment for individuals with HIV/AIDS.

''(53) The shortage of health care personnel, including doctors, nurses, pharmacists, counselors, laboratory staff, paraprofessionals, trained lay workers, and researchers is one of the leading obstacles to combating HIV/AIDS in sub-Saharan Africa.

''(54) Since 2003, important progress has been made in combating HIV/AIDS, yet there is more to be done. The number of new HIV infections is still increasing at an alarming rate. According to the United States National Institute of Allergy and Infectious Diseases, globally, for every 1 individual put on antiretroviral therapy, 6 individuals are newly infected with HIV.

''(55) The United States Government continues to be the world's leader in the fight against HIV/AIDS and the unsurpassed partner with developing countries in their efforts to control this disease.

''(56) By September 2007, the United States, through the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.), had provided services to prevent mother-to-child-transmission of HIV to women during 10 million pregnancies; provided antiretroviral prophylaxis for women during over 827,300 pregnancies; prevented an estimated 157,240 HIV infections in infants; cared for over 6.6 million individuals, including over 2.7 million orphans and vulnerable children; supported lifesaving antiretroviral therapies for approximately 1.4 million men, women, and children in sub-Saharan Africa, Asia, and the Carribean; and provided counseling and testing to over 33.7 million men, women, and children in developing countries.

''(57) These numbers were achieved because of the commitment of substantial resources and support of the United States Government to our partners on the front lines—the dedicated and committed women and men, communities, and nations who are taking control of the HIV/AIDS epidemics in their own countries.''.

SEC. 3. DEFINITIONS.

Section 3(2) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602(2)) is amended by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''.

SEC. 4. PURPOSE.

Section 4 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7603) is amended to read as follows:

''SEC. 4. PURPOSE.

''The purpose of this Act is to strengthen and enhance United States global leadership and the effectiveness of the United States response to the HIV/AIDS, tuberculosis, and malaria pandemics and other related and preventable infectious diseases in developing countries by—

''(1) establishing a comprehensive, integrated five-year, global strategy to fight HIV/AIDS, tuberculosis, and malaria that encompasses a plan for continued expansion and coordination of critical programs and improved coordination among relevant executive branch agencies and between the United States and foreign governments and international organizations;

''(2) providing increased resources for United States bilateral efforts to combat HIV/AIDS, tuberculosis, and malaria, particularly for prevention, treatment, and care (including nutritional support), technical assistance and training, the strengthening of health care systems, health care workforce development, monitoring and evaluations systems, and operations research;

''(3) providing increased resources for multilateral efforts to combat HIV/AIDS, tuberculosis, and malaria;

''(4) encouraging the expansion of private sector efforts and expanding public-private sector partnerships to combat HIV/AIDS; and

''(5) intensifying efforts to support the development of vaccines, microbicides, and other prevention technologies and improved diagnostics treatment for HIV/AIDS, tuberculosis, and malaria.''.

TITLE I—POLICY PLANNING AND COORDINATION

SEC. 101. DEVELOPMENT OF A COMPREHENSIVE, FIVE-YEAR, GLOBAL STRATEGY.

(a) STRATEGY.—Subsection (a) of section 101 of the United States Leadership Against HIV/AIDS, Tuber-

culosis, and Malaria Act of 2003 (22 U.S.C. 7611) is amended—

(1) in the first sentence of the matter preceding paragraph (1), by striking ''to combat'' and inserting ''to develop efforts further to combat'';

(2) by amending paragraph (4) to read as follows:

''(4) provide that the reduction of HIV/AIDS behavioral risks shall be a priority of all prevention efforts in terms of funding, scientifically-accurate educational services, and activities by—

''(A) designing prevention strategies and programs based on sound epidemiological evidence, tailored to the unique needs of each country and community, and reaching those populations found to be most at risk for acquiring HIV infection;

''(B) promoting abstinence from sexual activity and substance abuse;

''(C) encouraging delay of sexual debut, monogamy, fidelity, and partner reduction;

''(D) promoting the effective use of male and female condoms;

''(E) promoting the use of measures to reduce the risk of HIV transmission for discord-

ant couples (where one individual has HIV/AIDS and the other individual does not have HIV/AIDS or whose status is unknown);

"(F) educating men and boys about the risks of procuring sex commercially and about the need to end violent behavior toward women and girls;

"(G) promoting the rapid expansion of safe and voluntary male circumcision services;

"(H) promoting life skills training and development for children and youth;

"(I) supporting advocacy for child and youth community-based protective social services;

"(J) eradicating trafficking in persons and creating alternatives to prostitution;

"(K) promoting cooperation with law enforcement to prosecute offenders of trafficking, rape, and sexual assault crimes with the goal of eliminating such crimes;

"(L) promoting services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing illicit drug use;

''(M) promoting policies and programs to end the sexual exploitation of and violence against women and children; and

''(N) promoting prevention and treatment services for men who have sex with men;'';

(3) by redesignating paragraphs (5) through (10) as paragraphs (6) through (11), respectively;

(4) by inserting after paragraph (4) (as amended by paragraph (2) of this subsection) the following:

''(5) include specific plans for linkage to, and referral systems for nongovernmental organizations that implement multisectoral approaches, including faith-based and community-based organizations, for—

''(A) nutrition and food support for individuals with HIV/AIDS and affected communities;

''(B) child health services and development programs;

''(C) HIV/AIDS prevention and treatment services for injection drug users;

''(D) access to HIV/AIDS education and testing in family planning and maternal health

programs supported by the United States Government; and

''(E) medical, social, and legal services for victims of violence;'';

(5) by redesignating paragraphs (10) and (11) (as redesignated by paragraph (3) of this subsection) as paragraphs (11) and (12), respectively; and

(6) by inserting after paragraph (9) (as redesignated by paragraph (3) of this subsection) the following:

''(10) maximize host country capacities in training and research, particularly operations research;''.

(b) REPORT.—Subsection (b) of such section is amended—

(1) in paragraph (1), by striking ''this Act'' and inserting ''the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008''; and

(2) in paragraph (3)—

(A) by amending subparagraph (C) to read as follows:

''(C) A description of the manner in which the strategy will address the following:

''(i) The fundamental elements of prevention and education, care and treatment, including increasing access to pharmaceuticals, vaccines, and microbicides, as they become available, screening, prophylaxis, and treatment of major opportunistic infections, including tuberculosis, and increasing access to nutrition and food for individuals on antiretroviral therapies.

''(ii) The promotion of delay of sexual debut, abstinence, monogamy, fidelity, and partner reduction.

''(iii) The promotion of correct and consistent use of male and female condoms and other strategies and skills development to reduce the risk of HIV transmission.

''(iv) Increasing voluntary access to safe male circumcision services.

''(v) Life-skills training.

''(vi) The provision of information and services to encourage young people to delay sexual debut and ensure access to HIV/AIDS prevention information and services.

''(vii) Prevention of sexual violence leading to transmission of HIV and assist-

ance for victims of violence who are at risk of HIV transmission.

''(viii) HIV/AIDS prevention, care, and treatment services for injection drug users.

''(ix) Research, including incentives for HIV vaccine development and new protocols.

''(x) Advocacy for community-based child and youth protective services.

''(xi) Training of health care workers.

''(xii) The development of health care infrastructure and delivery systems.

''(xiii) Prevention efforts for substance abusers.

''(xiv) Prevention, treatment, care, and outreach efforts for men who have sex with men.'';

(B) in subparagraph (D), by adding at the end before the period the following: '', including through faith-based and other nongovernmental organizations'';

(C) in subparagraph (E), by inserting ''access to HIV/AIDS education and testing in family planning and maternal and child health

programs supported by the United States Government and'' after ''the unique needs of women, including'';

(D) in subparagraph (F), by inserting ''(including by accessing voluntary clinical circumcision services)'' after ''in their sexual behavior'';

(E) in subparagraph (G), by inserting ''and men's'' after ''women's'';

(F) by redesignating subparagraphs (M) through (W) as subparagraphs (N) through (X);

(G) by inserting after subparagraph (L) the following:

''(M) A description of efforts to be undertaken to strengthen the public finance management systems of selected host countries to ensure transparent, efficient, and effective management of national and donor financial investments in health.'';

(H) in subparagraph (O) (as redesignated by subparagraph (F) of this paragraph), by striking ''evaluating programs,'' and inserting ''evaluating programs to ensure medical accuracy, operations research,'';

(I) in subparagraph (Q) (as redesignated by subparagraph (F) of this paragraph), by inserting ‘‘, strengthen national health care delivery systems, and increase national health workforce capacities,’’ after ‘‘HIV/AIDS pandemic’’;

(J) in subparagraph (R) (as redesignated by subparagraph (F) of this paragraph), by inserting at the end before the period the following: ‘‘, including strategies relating to agricultural development, trade and economic growth, and education’’;

(K) in subparagraph (T) (as redesignated by subparagraph (F) of this paragraph), by inserting ‘‘efforts of intergenerational caregivers and’’ after ‘‘, including’’;

(L) by redesignating subparagraphs (V) through (X) (as redesignated by subparagraph (F) of this paragraph), as subparagraphs (W) through (Y), respectively;

(M) by inserting after subparagraph (U) (as redesignated by subparagraph (F) of this paragraph) the following:

‘‘(V) A plan to strengthen and implement health care workforce strategies to enable countries to increase the supply and retention of all

cadres of trained professional and paraprofessional health care workers by numbers that move toward global health program needs and toward targets established by the World Health Organization, while enabling health systems to expand coverage consistent with national and international targets and goals.''; and

(N) by striking subparagraph (Y) (as redesignated by subparagraphs (F) and (L) of this paragraph) and inserting the following:

''(Y) A description of the specific strategies, developed in coordination with existing health programs, to prevent mother-to-child transmission of HIV, including the extent to which HIV-positive women and men in treatment, care, and support programs and HIV-negative women and men are counseled about methods of preventing HIV transmission and the extent to which HIV prevention methods are provided on-site or by referral in treatment, care, and support programs.

''(Z) A description of the specific strategies developed to maximize the capacity of health care providers, including faith-based and other nongovernmental organizations, and family

planning providers supported by the United States Government to ensure access to necessary and comprehensive information about reducing sexual transmission of HIV among women, men, and young people, including strategies to ensure HIV/AIDS prevention training for such providers.

''(AA) A strategy to work with international and host country partners toward universal access to HIV/AIDS prevention, treatment, and care programs.''.

(c) STRATEGIC PLAN FOR PROGRAM MONITORING, OPERATIONS RESEARCH, AND IMPACT EVALUATION RESEARCH.—

(1) IN GENERAL.—Not later than 1 year after the date of the enactment of this Act, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall develop a 5-year strategic plan for program monitoring, operations research, and impact evaluation research of United States HIV/AIDS, tuberculosis, and malaria programs.

(2) ELEMENTS OF PLAN.—The strategic plan developed under this subsection shall include—

(A) the amount of funding provided for program monitoring, operations research, and impact evaluation research under sections 104A, 104B, and 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2, 2151b–3, and 2151b–4) and the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.) available through fiscal year 2009;

(B) strategies to—

(i) improve the efficiency, effectiveness, quality, and accessibility of services provided under the provisions of law described in subparagraph (A);

(ii) establish the cost-effectiveness of program models;

(iii) ensure the transparency and accountability of services provided under the provisions of law described in subparagraph (A);

(iv) disseminate and promote the utilization of evaluation findings, lessons, and best practices in services provided under the provisions of law described in subparagraph (A); and

(v) encourage and evaluate innovative service models and strategies to optimize the delivery of care, treatment, and prevention programs financed by the United States Government;

(C) priorities for program monitoring, operations research, and impact evaluation research and a time line for completion of activities associated with such priorities; and

(D) other information that the Coordinator determines to be necessary.

(3) CONSULTATION.—In developing the strategic plan under this subsection and implementing, disseminating, and promoting the use of program monitoring, operations research, and impact evaluation research, the Coordinator shall consult with representatives of relevant executive branch agencies, other appropriate executive branch agencies, multilateral institutions involved in providing HIV/AIDS assistance, nongovernmental organizations involved in implementing HIV/AIDS programs, and the governments of host countries.

(4) DEFINITIONS.—In this subsection—

(A) the terms ''program monitoring'', ''operations research'', and ''impact evaluation re-

search'', have the meanings given such terms in section 104A(d)(4)(B) of the Foreign Assistance Act of 1961 (as added by section 301(a)(4)(C) of this Act); and

(B) the term ''relevant executive branch agencies'' has the meaning given the term in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602).

SEC. 102. HIV/AIDS RESPONSE COORDINATOR.

Section 1(f)(2) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)) is amended—

(1) in subparagraph (A)—

(A) in the matter preceding clause (i), by inserting '', host country finance, health, and other relevant ministries'' after ''community-based organizations)''; and

(B) in clause (iii), by inserting ''and host country finance, health, and other relevant ministries'' after ''community-based organizations)''; and

(2) in subparagraph (B)(ii)—

(A) by striking subclauses (IV) and (V) and inserting the following:

"(IV) Establishing an interagency working group on HIV/AIDS that is comprised of, but not limited to, representatives from the United States Agency for International Development, the Department of Health and Human Services (including the Centers for Disease Control and Prevention, the National Institutes of Health, and the Health Resources and Services Administration), the Department of Labor, the Department of Agriculture, the Millennium Challenge Corporation, the Department of Defense, and the Office of the Coordinator of United States Government Activities to Combat Malaria Globally, for the purposes of coordination of activities relating to HIV/AIDS. The interagency working group shall—

"(aa) meet regularly to review progress in host countries toward HIV/AIDS prevention, treatment, and care objectives;

''(bb) participate in the process of identifying countries in need of increased assistance based on the epidemiology of HIV/AIDS in those countries; and

''(cc) review policies that may be obstacles to reaching objectives set forth for HIV/AIDS prevention, treatment, and care.

''(V) Coordinating overall United States HIV/AIDS policy and programs with efforts led by host countries and with the assistance provided by other relevant bilateral and multilateral aid agencies and other donor institutions to achieve complementarity with other programs aimed at improving child and maternal health, and food security, promoting education, and strengthening health care systems.'';

(B) by redesignating subclauses (VII) and (VIII) as subclauses (IX) and (X), respectively;

(C) by inserting after subclause (VI) the following:

"(VII) Holding annual consultations with host country nongovernmental organizations providing services to improve health, and advocating on behalf of the individuals with HIV/AIDS and those at particular risk of contracting HIV/AIDS.

"(VIII) Ensuring, through interagency and international coordination, that United States HIV/AIDS programs are coordinated with and complementary to the delivery of related global health, food security, and education services, including—

"(aa) maternal and child health care;

"(bb) services for other neglected and easily preventable and treatable infectious diseases, such as tuberculosis;

"(cc) treatment and care services for injection drug users; and

"(dd) programs and services to improve legal, social, and economic status of women and girls.";

(D) in subclause (IX) (as redesignated by subparagraph (B) of this paragraph)—

(i) by inserting "Vietnam, Antigua and Barbuda, the Bahamas, Barbados, Belize, Dominica, Grenada, Jamaica, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, the Dominican Republic" after "Zambia,";

(ii) by adding at the end before the period the following: "and other countries in which the United States is implementing HIV/AIDS programs"; and

(iii) by adding at the end the following: "In designating countries under this subclause, the President shall give priority to those countries in which there is a high prevalence of HIV/AIDS and countries with large populations that have a concentrated HIV/AIDS epidemic.";

(E) by redesignating subclause (X) (as redesignated by subparagraph (B) of this paragraph) as subclause (XII);

(F) by inserting after subclause (IX) (as redesignated by subparagraph (B) and amended by subparagraph (D) of this paragraph) the following:

''(X) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among injection drug users, to establish, as a national priority, national HIV/AIDS prevention programs, including education, and services demonstrated to be effective in reducing the transmission of HIV infection among injection drug users without increasing drug use.

''(XI) Working, in partnership with host countries in which the HIV/AIDS epidemic is prevalent among individuals involved in commercial sex acts, to establish, as a national priority, national prevention programs, including education, voluntary testing, and counseling, and referral systems that link HIV/AIDS programs with

programs to eradicate trafficking in persons and create alternatives to prostitution.'';

(G) in subclause (XII) (as redesignated by subparagraphs (B) and (E) of this paragraph), by striking ''funds section'' and inserting ''funds appropriated pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 for HIV/AIDS assistance''; and

(H) by adding at the end the following:

''(XIII) Publicizing updated drug pricing data to inform pharmaceutical procurement partners' purchasing decisions.

''(XIV) Working in partnership with host countries in which the HIV/AIDS epidemic is prevalent among men who have sex with men, to establish, as a national priority, national HIV/AIDS prevention programs, including education and services demonstrated to be effective in reducing

the transmission of HIV among men who have sex with men.''.

TITLE II—SUPPORT FOR MULTILATERAL FUNDS, PROGRAMS, AND PUBLIC-PRIVATE PARTNERSHIPS

SEC. 201. SENSE OF CONGRESS ON PUBLIC-PRIVATE PARTNERSHIPS.

Section 201(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621(a)) is amended—

(1) in paragraph (2), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''; and

(2) in paragraph (4), by striking ''infectious diseases'' and inserting ''easily preventable and treatable infectious diseases''.

SEC. 202. PARTICIPATION IN THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA.

(a) FINDINGS.—Subsection (a) of section 202 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7622) is amended—

(1) by redesignating paragraphs (1) through (3) as paragraphs (7) through (9), respectively; and

(2) by inserting before paragraph (7) (as redesignated by paragraph (1) of this subsection) the following:

''(1) The Global Fund to Fight AIDS, Tuberculosis and Malaria is the multilateral component of this Act, extending United States efforts to a total of 136 countries around the world.

''(2) Created in 2002, the Global Fund has played a leading role in the fight against HIV/AIDS, tuberculosis, and malaria around the world and has grown into an organization that currently provides nearly a quarter of all international financing to combat HIV/AIDS and two-thirds of all international financing to combat tuberculosis and malaria.

''(3) By 2010, it is estimated that the demand for funding by the Global Fund will grow in size to between $6 and $8 billion annually, requiring significant contributions from donors around the world, including at least $2 billion annually from the United States.

''(4) The Global Fund is an innovative financing mechanism to combat HIV/AIDS, tuberculosis, and malaria, and has made progress in many areas.

''(5) The United States Government is the largest supporter of the Global Fund, both in terms of resources and technical support.

''(6) The United States made the initial contribution to the Global Fund and is fully committed to its success.''.

(b) UNITED STATES FINANCIAL PARTICIPATION.—

(1) AUTHORIZATION OF APPROPRIATIONS.—Subsection (d)(1) of such section is amended—

(A) by striking ''$1,000,000,000'' and inserting ''$2,000,000,000'';

(B) by striking ''for the period of fiscal year 2004 beginning on January 1, 2004,'' and inserting ''for each of the fiscal years 2009 and 2010,''; and

(C) by striking ''the fiscal years 2005–2008'' and inserting ''each of the fiscal years 2011 through 2013''.

(2) LIMITATION.—Subsection (d)(4) of such section is amended—

(A) in subparagraph (A)—

(i) in clause (i), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013'';

(ii) in clause (ii), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(iii) in clause (vi)—

(I) by striking ''for the purposes'' and inserting ''For the purposes'';

(II) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(III) by striking ''fiscal year 2004'' and inserting ''fiscal year 2009'';

(B) in subparagraph (B)(iv)—

(i) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(ii) by adding at the end before the period the following: '', unless such amount is made available for more than one fiscal year, in which case such amount is authorized to be made available for such purposes after December 31 of the fiscal year following the fiscal year in which such funds first became available.''; and

(C) in subparagraph (C)(ii) by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs''.

(3) STATEMENT OF POLICY.—The following shall be the policy of the United States:

(A) Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria should be based upon achievement of the following benchmarks related to transparency and accountability:

(i) As recommended by the Government Accountability Office, the Fund Secretariat has established standardized expectations for the performance of Local Fund Agents (LFAs), is undertaking a systematic assessment of the performance of LFAs, and is making available for public review, according to the Fund Board's policies and practices on disclosure of information, a regular collection and analysis of performance data of Fund grants, which shall cover both Principal Recipients and sub-recipients.

(ii) A well-staffed, independent Office of the Inspector General reports directly to

the Board and is responsible for regular, publicly published audits of both financial and programmatic and reporting aspects of the Fund, its grantees, and LFAs.

(iii) The Fund Secretariat has established and is reporting publicly on standard indicators for all program areas.

(iv) The Fund Secretariat has established a database that tracks all subrecipients and the amounts of funds disbursed to each, as well as the distribution of resources, by grant and Principal Recipient, for prevention, care, treatment, the purchases of drugs and commodities, and other purposes.

(v) The Fund Board has established a penalty to offset tariffs imposed by national governments on all goods and services provided by the Fund.

(vi) The Fund Board has successfully terminated its Administrative Services Agreement with the World Health Organization and completed the Fund Secretariat's transition to a fully independent status under the Headquarters Agreement the

Fund has established with the Government of Switzerland.

(B) Support for the Global Fund to Fight AIDS, Tuberculosis and Malaria should be based upon achievement of the following benchmarks related to the founding principles of the Fund:

(i) The Fund must maintain its status as a financing institution.

(ii) The Fund must remain focused on programs directly related to HIV/AIDS, malaria, and tuberculosis.

(iii) The Fund must maintain its Comprehensive Funding Policy, which requires confirmed pledges to cover the full amount of new grants before the Board approves them.

(iv) The Fund must maintain and make progress on sustaining its multisectoral approach, through Country Coordinating Mechanisms (CCMs) and in the implementation of grants, as reflected in percent and resources allocated to different sectors, including governments, civil soci-

ety, and faith- and community-based organizations.

(4) SENSE OF CONGRESS.—Congress—

(A) notes that section 625 of Public Law 110–161 establishes a requirement to withhold 20 percent of funds appropriated for the Global Fund if the Global Fund fails to meet certain benchmarks; and

(B) will continue to review the implementation of the benchmarks to ensure accountability and transparency of the Global Fund.

SEC. 203. VOLUNTARY CONTRIBUTIONS TO INTERNATIONAL VACCINE FUNDS.

(a) VACCINE FUND.—Subsection (k) of section 302 of the Foreign Assistance Act of 1961 (22 U.S.C. 2222) is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(b) INTERNATIONAL AIDS VACCINE INITIATIVE.—Subsection (l) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) MALARIA VACCINE DEVELOPMENT PROGRAMS.—Subsection (m) of such section is amended by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(d) RESEARCH AND DEVELOPMENT OF A TUBERCULOSIS VACCINE.—Such section is further amended by adding at the end the following:

''(n) In addition to amounts otherwise available under this section, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to be available for United States contributions to research and development of a tuberculosis vaccine.''.

SEC. 204. PROGRAM TO FACILITATE AVAILABILITY OF MICROBICIDES TO PREVENT TRANSMISSION OF HIV AND OTHER DISEASES.

(a) STATEMENT OF POLICY.—Congress recognizes the need and urgency to expand the range of interventions for preventing the transmission of human immunodeficiency virus (HIV), including nonvaccine prevention methods that can be controlled by women.

(b) PROGRAM AUTHORIZED.—The Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, shall develop and implement a program to facilitate widescale availability of microbicides that prevent the transmission of HIV after such microbicides are proven safe and effective.

(c) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671) for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.

SEC. 205. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

(a) IN GENERAL.—Title II of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7621 et seq.) is amended by adding at the end the following:

"SEC. 204. PLAN TO COMBAT HIV/AIDS, TUBERCULOSIS, AND MALARIA BY STRENGTHENING HEALTH POLICIES AND HEALTH SYSTEMS OF HOST COUNTRIES.

''(a) FINDINGS.—Congress makes the following findings:

''(1) One of the most significant barriers to achieving universal access to HIV/AIDS treatment and prevention in developing countries is the lack of

health infrastructure, particularly in sub-Saharan Africa.

''(2) In addition to HIV/AIDS programs, other treatable and preventable infectious diseases could be treated concurrently and easily if health care delivery systems in developing countries were significantly improved.

''(3) More public investment in basic primary health care should be a priority in public spending in developing countries.

''(b) STATEMENT OF POLICY.—It shall be the policy of the United States Government—

''(1) to invest appropriate resources authorized under this Act and the amendments made by this Act to carry out activities to strengthen HIV/AIDS health policies and health systems and provide workforce training and capacity-building consistent with the goals and objectives of this Act and the amendments made by this Act; and

''(2) to support the development of a sound policy environment in host countries to increase the ability of such countries to maximize utilization of health care resources from donor countries, deliver services to the people of such host countries in an effective and efficient manner, and reduce barriers

that prevent recipients of services from achieving maximum benefit from such services.

''(c) PLAN REQUIRED.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in collaboration with the Administrator of the United States Agency for International Development, shall develop and implement a plan to combat HIV/AIDS by strengthening health policies and health systems of host countries as part of the United States Agency for International Development's 'Health Systems 2020' project.

''(d) ASSISTANCE TO IMPROVE PUBLIC FINANCE MANAGEMENT SYSTEMS.—

''(1) IN GENERAL.—The Secretary of the Treasury, acting through the head of the Office of Technical Assistance, is authorized to provide assistance for advisors and host country finance, health, and other relevant ministries to improve the effectiveness of public finance management systems in host countries to enable such countries to receive funding to carry out programs to combat HIV/AIDS, tuberculosis, and malaria and to manage such programs.

''(2) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are au-

thorized to be appropriated to the Secretary of the Treasury such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the item relating to section 203 the following:

''Sec. 204. Plan to combat HIV/AIDS by strengthening health policies and health systems of host countries.''.

TITLE III—BILATERAL EFFORTS

Subtitle A—General Assistance and Programs

SEC. 301. ASSISTANCE TO COMBAT HIV/AIDS.

(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT OF 1961.—

(1) FINDING.—Subsection (a) of section 104A of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2) is amended by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''.

(2) POLICY.—Subsection (b) of such section is amended—

(A) in the first sentence—

(i) by striking ''It is a major'' and inserting the following:

''(1) GENERAL POLICY.—It is a major'';

(ii) by striking ''control'' and inserting ''care''; and

(iii) by adding at the end before the period the following: ''and to fulfill United States commitments to move toward the goal of universal access to prevention, treatment, and care of HIV/AIDS'';

(B) by adding at the end the following: ''The United States and other developed countries should provide assistance for the prevention, treatment, and care of HIV/AIDS to countries in sub-Saharan Africa, the Caribbean, South and Southeast Asia and Central and Eastern Europe, addressing both generalized epidemics and epidemics concentrated among populations at high risk of infection.''; and

(C) by further adding at the end the following:

''(2) SPECIFIC POLICY.—It is therefore the policy of the United States, by 2013, to—

''(A) prevent 12,000,000 new HIV infections worldwide;

''(B) support treatment of at least 3,000,000 individuals with HIV/AIDS with the goal of treating 450,000 children;

''(C) provide care for 12,000,000 individuals affected by HIV/AIDS, including 5,000,000 orphans and vulnerable children in communities affected by HIV/AIDS, including orphans with HIV/AIDS; and

''(D) train at least 140,000 new health care professionals and workers for HIV/AIDS prevention, treatment and care.''.

(3) AUTHORIZATION.—Subsection (c) of such section is amended—

(A) in paragraph (1)—

(i) by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''; and

(ii) by adding at the end before the period the following: '', and particularly with respect to refugee populations in such countries and areas'';

(B) in paragraph (2)—

(i) by inserting '', South and Southeast Asia, Central and Eastern Europe'' after ''the Caribbean''; and

(ii) by adding at the end before the period the following: ", and particularly with respect to refugee populations in such countries and areas";

(C) by redesignating paragraph (3) as paragraph (4);

(D) by inserting after paragraph (2) the following:

"(3) ROLE OF PUBLIC HEALTH CARE DELIVERY SYSTEMS.—It is the sense of Congress that—

"(A) the President should provide an appropriate level of assistance under paragraph (1) to help strengthen public health care delivery systems financed by host countries; and

"(B) the President, acting through the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, should support the development of a policy framework in such host countries for the long-term sustainability of HIV/AIDS prevention, treatment, and care programs, and for strengthening health care delivery systems and increasing health workforces through recruitment, training, and policies that allows the devolution of clinical responsibilities to increase the work force able to

deliver prevention, treatment, and care services, as necessary, with clearly identified objectives and reporting strategies for such services.'';

(E) in paragraph (4) (as redesignated by subparagraph (C) of this paragraph), by striking ''foreign countries'' and inserting ''host countries and donor countries''; and

(F) by adding at the end the following:

''(5) SENSE OF CONGRESS.—

''(A) IN GENERAL.—It is the sense of Congress that the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the heads of relevant executive branch agencies (as such term is defined in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) should operate in a manner consistent with the 'Three Ones' goals of UNAIDS.

''(B) 'THREE ONES' GOALS OF UNAIDS DEFINED.—In this paragraph, the term '' 'Three Ones'' goals of UNAIDS' means—

''(i) the goal of one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners in host countries;

''(ii) the goal of one national HIV/AIDS coordinating authority, with a broad-based multisectoral mandate; and

''(iii) the goal of one agreed country-level data-collection, monitoring, and evaluation system.''.

(4) ACTIVITIES SUPPORTED.—

(A) PREVENTION.—Subsection (d)(1) of such section is amended—

(i) in subparagraph (A)—

(I) by inserting ''efforts by faith-based and other nongovernmental organizations and'' after ''infection, including'';

(II) by inserting '', including access to such programs and efforts in family planning programs supported by the United States Government,'' after ''health programs''; and

(III) by inserting ''male and female'' before ''condoms'';

(ii) in subparagraph (B)—

(I) by inserting ''relevant and'' after ''culturally'';

(II) by inserting ''and programs'' after ''those organizations''; and

(III) by inserting '', level of scientific and fact-based knowledge'' after ''experience'';

(iii) in subparagraph (D), by inserting ''and nonjudgmental approaches'' after ''protections'';

(iv) by amending subparagraph (E) to read as follows:

''(E) assistance to achieve the target of reaching 80 percent of pregnant women for prevention and treatment of mother-to-child transmission of HIV in countries in which the United States is implementing HIV/AIDS programs by 2013, as described in section 312(b)(1) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, and to promote infant feeding options that meet the criteria described in the World Health Organization's Global Strategy for Infant and Young Child Feeding;'';

(v) in subparagraph (G)—

(I) by adding at the end before the semicolon the following: '', includ-

ing education and services demonstrated to be effective in reducing the transmission of HIV infection without increasing illicit drug use''; and

(II) by striking ''and'' at the end;

(vi) in subparagraph (H), by striking the period at the end and inserting ''; and''; and

(vii) by adding at the end the following:

''(I)(i) assistance for counseling, testing, treatment, care, and support programs for prevention of re-infection of individuals with HIV/AIDS;

''(ii) counseling to prevent sexual transmission of HIV, including skill development for practicing abstinence, reducing the number of sexual partners, and providing information on correct and consistent use of male and female condoms;

''(iii) assistance to provide male and female condoms;

''(iv) diagnosis and treatment of other sexually-transmitted infections;

''(v) strategies to address the stigma and discrimination that impede HIV/AIDS prevention efforts; and

''(vi) assistance to facilitate widespread access to microbicides for HIV prevention, as safe and effective products become available, including financial and technical support for culturally appropriate introductory programs, procurement, distribution, logistics management, program delivery, acceptability studies, provider training, demand generation, and post-introduction monitoring; and

''(J) assistance for HIV/AIDS education targeted to reach and prevent the spread of HIV among men who have sex with men.''.

(B) TREATMENT.—Subsection (d)(2) of such section is amended—

(i) in subparagraph (B), by striking ''; and'' at the end and inserting a semicolon;

(ii) in subparagraph (C), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

"(D) assistance specifically to address barriers that might limit the start of and adherence to treatment services, especially in rural areas, through such measures as mobile and decentralized distribution of treatment services, and where feasible and necessary, direct linkages with nutrition and income security programs, referrals to services for victims of violence, support groups for individuals with HIV/AIDS, and efforts to combat stigma and discrimination against all such individuals;

"(E) assistance to support comprehensive HIV/AIDS treatment (including free prophylaxis and treatment for common HIV/AIDS-related opportunistic infections) for at least one-third of individuals with HIV/AIDS in the poorest countries worldwide who are in clinical need of antiretroviral treatment; and

"(F) assistance to improve access to psychosocial support systems and other necessary services for youth who are infected with HIV to ensure the start of and adherence to treatment services.".

(C) MONITORING.—Subsection (d)(4) of such section is amended—

(i) by striking ''The monitoring'' and inserting the following:

''(A) IN GENERAL.—The monitoring'';

(ii) by inserting ''and paragraph (8)'' after ''paragraphs (1) through (3)'';

(iii) by redesignating subparagraphs (A) through (D) as clauses (i) through (iv), respectively;

(iv) in clause (iii) (as redesignated by clause (iii) of this subparagraph), by striking ''and'' at the end;

(v) in clause (iv) (as redesignated by clause (iii) of this subparagraph), by striking the period at the end and inserting ''; and'';

(vi) by adding at the end the following:

''(v) carrying out and expanding program monitoring, impact evaluation research, and operations research (including research and evaluations of gender-responsive interventions, disaggregated by age and sex, in order to identify and replicate effective models, develop gender indicators to measure both outcomes and impacts of

interventions, especially interventions designed to reduce gender inequalities, and collect lessons learned for dissemination among different countries) in order to—

"(I) improve the coverage, efficiency, effectiveness, quality and accessibility of services provided under this section;

"(II) establish the cost-effectiveness of program models;

"(III) assess the population-level impact of programs, projects, and activities implemented;

"(IV) ensure the transparency and accountability of services provided under this section;

"(V) disseminate and promote the utilization of evaluation findings, lessons, and best practices in the implementation of programs, projects, and activities supported under this section; and

"(VI) encourage and evaluate innovative service models and strategies

to optimize functionality of programs, projects, and activities.''; and

(vii) by further adding at the end the following:

''(B) DEFINITIONS.—For purposes of subparagraph (A)(v)—

''(i) the term 'impact evaluation research' means the application of research methods and statistical analysis to measure the extent to which a change in a population-based outcome can be attributed to a program, project, or activity as opposed to other factors in the environment;

''(ii) the term 'program monitoring' means the collection, analysis, and use of routine data with respect to a program, project, or activity to determine how well the program, project, or activity is carried out and at what cost; and

''(iii) the term 'operations research' means the application of social science research methods and statistical analysis to judge, compare, and improve policy outcomes and outcomes of a program, project, or activity, from the earliest stages of de-

fining and designing the program, project, or activity through the development and implementation of the program, project, or activity.''.

(D) PHARMACEUTICALS.—Subsection (d)(5) of such section is amended—

(i) by redesignating subparagraph (C) as subparagraph (D); and

(ii) by inserting after subparagraph (B) the following:

''(C) MECHANISMS TO ENSURE COST-EFFECTIVE DRUG PURCHASING.—Mechanisms to ensure that pharmaceuticals, including antiretrovirals and medicines to treat opportunistic infections, are purchased at the lowest possible price at which such pharmaceuticals may be obtained in sufficient quantity on the world market.''.

(E) REFERRAL SYSTEMS AND COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

(i) FINDING.—The effectiveness of all HIV/AIDS prevention, treatment, and care programs and the survival of individuals with HIV/AIDS would be enhanced by ensuring that such individuals are referred to

appropriate support programs, including education, income generation, HIV/AIDS support group and food and nutrition programs, and by providing assistance directly to such programs to the extent such programs would further the purposes of expanding access to and the success of HIV/AIDS prevention, treatment, and care.

(ii) AMENDMENT.—Subsection (d) of such section is further amended by adding at the end the following:

''(8) REFERRAL SYSTEMS AND COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

''(A) REFERRAL SYSTEMS.—Assistance to ensure that a continuum of care is available to individuals participating in HIV/AIDS prevention, treatment, and care programs through the development of referral systems for such individuals to community-based programs that, where practicable, are co-located with such HIV/AIDS programs, and that provide support activities for such individuals, including HIV/AIDS treatment adherence, HIV/AIDS support groups, food and nutrition support, maternal health services, substance abuse prevention and

treatment services, income-generation programs, legal services, and other program support.

''(B) COORDINATION WITH OTHER ASSISTANCE PROGRAMS.—

''(i)(I) Assistance to integrate HIV/AIDS testing with testing for other easily detectable and treatable infectious diseases, such as malaria, tuberculosis, and respiratory infections, and to provide treatment if possible or referral to appropriate treatment programs.

''(II) Assistance to provide, whenever possible, as a component of HIV/AIDS prevention, treatment, and care services, and co-treatment of curable diseases, such as other sexually transmitted diseases.

''(III) Assistance and other activities to ensure, through interagency and international coordination, that United States global HIV/AIDS programs are integrated and complementary to delivering related health services.

''(ii) Assistance to support schools and related programs for children and youth that increase the effectiveness of programs described in this subsection by providing the infrastruc-

ture, teachers, and other support to such programs.

"(iii) Assistance and other activities to provide access to HIV/AIDS prevention, treatment, and care programs in family planning and maternal and child health programs supported by the United States Government.

"(iv) Assistance to United States and host country nonprofit development organizations that directly support livelihood initiatives in HIV/AIDS-affected countries that provide opportunities for direct lending to microentrepreneurs by United States citizens or opportunities for United States citizens to purchase livestock and plants for families to provide nutrition and generate income for individual households and communities.

"(v) Assistance to coordinate and provide linkages between HIV/AIDS prevention, treatment, and care programs with efforts to improve the economic and legal status of women and girls.

"(vi) Technical assistance coordinated across implementing agencies, offered on a regular basis, and made available upon request, for

faith-based and community-based organizations, especially indigenous organizations and new partners who do not have extensive experience managing United States foreign assistance programs, including for training and logistical support to establish financial mechanisms to track program receipts and expenditures and data management systems to ensure data quality and strengthen reporting.

''(vii) In accordance with the World Health Organization's Interim Policy on TB/HIV Activities (2004), assistance to individuals with or symptomatic of tuberculosis, and assistance to implement the following:

''(I) Provide opt-out HIV/AIDS counseling and testing and appropriate referral for treatment and care to individuals with or symptomatic of tuberculosis, and work with host countries to ensure that such individuals in host countries are provided such services.

''(II) Ensure, in coordination with host countries, that individuals with HIV/AIDS receive tuberculosis screening and other appropriate treatment.

''(III) Provide increased funding for HIV/AIDS and tuberculosis activities, by increasing total resources for such activities, including lab strengthening and infection control.

''(IV) Improve the management and dissemination of knowledge gained from HIV/AIDS and tuberculosis activities to increase the replication of best practices.''.

(5) ANNUAL REPORT.—Subsection (e) of such section is amended—

(A) in paragraph (1), by striking ''Committee on International Relations'' and inserting ''Committee on Foreign Affairs'';

(B) in paragraph (2)—

(i) in subparagraph (B), by striking ''and'' at the end;

(ii) in subparagraph (C)—

(I) in the matter preceding clause (i), by striking ''including'' and inserting ''including—'';

(II) by striking clauses (i) and (ii) and inserting the following:

''(i)(I) the effectiveness of such programs in reducing the transmission of

HIV, particularly in women and girls, in reducing mother-to-child transmission of HIV, including through drug treatment and therapies, either directly or by referral, and in reducing mortality rates from HIV/AIDS, including through drug treatment, and addiction therapies;

''(II) a description of strategies, goals, programs, and interventions to address the specific needs and vulnerabilities of young women and young men; the progress toward expanding access among young women and young men to evidence-based, comprehensive HIV/AIDS health care services and HIV prevention and sexuality and abstinence education programs at the individual, community, and national levels; and clear targets for integrating adolescents who are orphans, including adolescents who are infected with HIV, into programs for orphans and vulnerable children; and

''(III) the amount of United States funding provided under the authorities of this Act to procure drugs for HIV/AIDS programs in countries described in section

1(f)(2)(B)(IX) of the State Department Basic Authorities Act of 1956 (22 U.S.C. 2651a(f)(2)(B)(VIII)), including a detailed description of anti-retroviral drugs procured, including—

''(aa) the total amount expended for each generic and name brand drug;

''(bb) the price paid per unit of each drug; and

''(cc) the vendor from which each drug was purchased; and

''(ii) the progress made toward improving health care delivery systems (including the training of adequate numbers of health care professionals) and infrastructure to ensure increased access to care and treatment, including a description of progress toward—

''(I)(aa) the training and retention of adequate numbers of health care professionals in order to meet a nationally-determined ratio of doctors, nurses, and midwives to patients, based on the target of the 2.3 per-

thousand ratio established by the World Health Organization (WHO);

''(bb) increases in the number of other health care professions, such as pharmacists and lab technicians, as necessary; and

''(cc) the improvement of infrastructure needed to ensure universal access to HIV/AIDS prevention, treatment, and care by 2015;

''(II) national health care workforce strategy benchmarks, as required by section 202(d)(5)(B) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, United States contributions to developing and implementing the benchmarks, and main challenges to implementing the benchmarks;

''(III) ensuring, to the extent practicable, that health care workers providing services under this Act have safe working conditions and are receiving health care services, including services relating to HIV/AIDS;

''(IV) activities to strengthen health care systems in order to overcome obstacles and barriers to the provision of HIV/AIDS, tuberculosis, and malaria services;

''(V) improving integration and coordination of HIV/AIDS programs with related health care services and supporting the capacity of health care programs to refer individuals to community-based services; and

''(VI) strengthening procurement and supply chain management systems of host countries;'';

(III) in clause (iii), by adding at the end before the semicolon the following: '', including the percentage of such United States foreign assistance provided for diagnosis and treatment of individuals with tuberculosis in countries with the highest burden of tuberculosis, as determined by the World Health Organization (WHO)''; and

(IV) in clause (iv), by striking the period at the end and inserting a semicolon; and

(iii) by adding at the end the following:

''(D) a description of efforts to integrate HIV/AIDS and tuberculosis prevention, treatment, and care programs, including—

''(i) the number and percentage of HIV-infected individuals receiving HIV/AIDS treatment or care services who are also receiving screening and subsequent treatment for tuberculosis;

''(ii) the number and percentage of individuals with tuberculosis who are receiving HIV/AIDS counseling and testing, and appropriate referral to HIV/AIDS services;

''(iii) the number and location of laboratories with the capacity to perform tuberculosis culture tests and tuberculosis drug susceptibility tests;

''(iv) the number and location of laboratories with the capacity to perform appropriate tests for multi-drug resistant tu-

berculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB); and

''(v) the number of HIV-infected individuals suspected of having tuberculosis who are provided tuberculosis culture diagnosis or tuberculosis drug susceptibility testing;

''(E) a description of coordination efforts with relevant executive branch agencies (as such term is defined in section 3 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003) and at the global level in the effort to link HIV/AIDS services with non-HIV/AIDS services;

''(F) a description of programs serving women and girls, including—

''(i) a description of HIV/AIDS prevention programs that address the vulnerabilities of girls and women to HIV/AIDS; and

''(ii) information on the number of individuals served by programs aimed at reducing the vulnerabilities of women and girls to HIV/AIDS;

''(G) a description of the specific strategies funded to ensure the reduction of HIV infection among injection drug users, and the number of injection drug users, by country, reached by such strategies, including medication-assisted drug treatment for individuals with HIV or at risk of HIV, and HIV prevention programs demonstrated to be effective in reducing HIV transmission without increasing drug use; and

''(H) a detailed description of monitoring, impact evaluation research, and operations research of programs, projects, and activities carried out pursuant to subsection (d)(4)(A)(v).''; and

(C) by adding at the end the following:

''(3) PUBLIC AVAILABILITY.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall make publicly available on the Internet website of the Office of the Coordinator the information contained in paragraph (2)(H) of each report and, in addition, the individual evaluations and other reports that were the basis of such information, including lessons learned and collected in such evaluations and reports.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Subsection (b) of section 301 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631) is amended—

(1) in paragraph (1), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) FOOD SECURITY AND NUTRITION SUPPORT.—Subsection (c) of such section is amended to read as follows:

''(c) FOOD SECURITY AND NUTRITION SUPPORT.—

''(1) FINDINGS.—Congress finds the following:

''(A) The United States provides more than 60 percent of all food assistance worldwide.

''(B) According to the United Nations World Food Program and other United Nations agencies, food insecurity of individuals with HIV/AIDS is a major problem in countries with large populations of such individuals, particularly in sub-Saharan African countries.

"(C) Individuals infected with HIV have higher nutritional requirements than individuals who are not infected with HIV, particularly with respect to the need for protein. Also, there is evidence to suggest that the full benefit of therapy to treat HIV/AIDS may not be achieved in individuals who are malnourished, particularly in pregnant and lactating women.

"(2) SENSE OF CONGRESS.—It is the sense of Congress that—

"(A) malnutrition, especially for individuals with HIV/AIDS, is a clinical health issue with wider nutrition, health, and social implications for such individuals, their families, and their communities that must be addressed by United States HIV/AIDS prevention, treatment, and care programs;

"(B) food security and nutrition directly impact an individual's vulnerability to HIV infection, the progression of HIV to AIDS, an individual's ability to begin an antiretroviral medication treatment regimen, the efficacy of an antiretroviral medication treatment regimen once an individual begins such a regimen, and

the ability of communities to effectively cope with the HIV/AIDS epidemic and its impacts;

''(C) international guidelines established by the World Health Organization (WHO) should serve as the reference standard for HIV/AIDS food and nutrition activities supported by this Act and the amendments made by this Act;

''(D) the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Administrator of the United States Agency for International Development should make it a priority to work together and with other United States Government agencies, donors, and multilateral institutions to increase the integration of food and nutrition support and livelihood activities into HIV/AIDS prevention, treatment, and care activities funded by the United States and other governments and organizations;

''(E) for purposes of determining which individuals infected with HIV should be provided with nutrition and food support—

''(i) children with moderate or severe malnutrition, according to WHO stand-

ards, shall be given priority for such nutrition and food support; and

''(ii) adults with a body mass index (BMI) of 18.5 or less, or at the prevailing WHO-approved measurement for BMI, should be considered 'malnourished' and should be given priority for such nutrition and food support;

''(F) programs funded by the United States should include therapeutic and supplementary feeding, food, and nutrition support and should include strong links to development programs that provide support for livelihoods; and

''(G) the inability of individuals with HIV/AIDS to access food for themselves or their families should not be allowed to impair or erode the therapeutic status of such individuals with respect to HIV/AIDS or related co-morbidities.

''(3) STATEMENT OF POLICY.—It is the policy of the United States to—

''(A) address the food and nutrition needs of individuals with HIV/AIDS and affected in-

dividuals, including orphans and vulnerable children;

''(B) fully integrate food and nutrition support into HIV/AIDS prevention, treatment, and care programs carried out under this Act and the amendments made by this Act;

''(C) ensure, to the extent practicable, that—

''(i) HIV/AIDS prevention, treatment, and care providers and health care workers are adequately trained so that such providers and workers can provide accurate and informed information regarding food and nutrition support to individuals enrolled in treatment and care programs and individuals affected by HIV/AIDS; and

''(ii) individuals with HIV/AIDS who, with their households, are identified as food insecure are provided with adequate food and nutrition support; and

''(D) effectively link food and nutrition support provided under this Act and the amendments made by this Act to individuals with HIV/AIDS, their households, and their communities, to other food security and liveli-

hood programs funded by the United States and other donors and multilateral agencies.

''(4) INTEGRATION OF FOOD SECURITY AND NUTRITION ACTIVITIES INTO HIV/AIDS PREVENTION, TREATMENT, AND CARE ACTIVITIES.—

''(A) REQUIREMENTS RELATING TO GLOBAL AIDS COORDINATOR.—Consistent with the statement of policy described in paragraph (3), the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall—

''(i) ensure, to the extent practicable, that—

''(I) an assessment, using validated criteria, of the food security and nutritional status of each individual enrolled in antiretroviral medication treatment programs supported with funds authorized under this Act or any amendment made by this Act is carried out; and

''(II) appropriate nutritional counseling is provided to each individual described in subclause (I);

"(ii) coordinate with the Administrator of the United States Agency for International Development, the Secretary of Agriculture, and the heads of other relevant executive branch agencies to—

"(I) ensure, to the extent practicable, that, in communities in which a significant proportion of individuals with HIV/AIDS are in need of food and nutrition support, a status and needs assessment for such support employing validated criteria is conducted and a plan to provide such support is developed and implemented;

"(II) improve and enhance coordination between food security and livelihood programs for individuals infected with HIV in host countries and food security and livelihood programs that may already exist in such countries;

"(III) establish effective linkages between the health and agricultural development and livelihoods sectors in order to enhance food security; and

''(IV) ensure, by providing increased resources if necessary, effective coordination between activities authorized under this Act and the amendments made by this Act and activities carried out under other provisions of the Foreign Assistance Act of 1961 when establishing new HIV/AIDS treatment sites;

''(iii) develop effective, validated indicators that measure outcomes of nutrition and food security interventions carried out under this section and use such indicators to monitor and evaluate the effectiveness of such interventions; and

''(iv) evaluate the role of and, to the extent appropriate, support and expand partnerships and linkages between United States postsecondary educational institutions with postsecondary educational institutions in host countries in order to provide training and build indigenous human and institutional capacity and expertise to respond to HIV/AIDS, and to improve capacity to address nutrition, food security,

and livelihood needs of HIV/AIDS-affected and impoverished communities.

''(B) REQUIREMENTS RELATING TO USAID ADMINISTRATOR.—Consistent with the statement of policy described in paragraph (3), the Administrator of the United States Agency for International Development, in coordination with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and the Secretary of Agriculture, shall provide, to the extent practicable, as an essential component of antiretroviral medication treatment programs supported with funds authorized under this Act and the amendments made by this Act, food and nutrition support to each individual with HIV/AIDS who is determined to need such support by the assessing health professional, based on a body mass index (BMI) of 18.5 or less, or at the prevailing WHO-approved measurement for BMI, and the individual's household, for a period of not less than 180 days, either directly or through referral to an assistance program or organization with demonstrable ability to provide such support.

''(C) REPORT.—Not later than October 31, 2010, and annually thereafter, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, in consultation with the Administrator of the United States Agency for International Development, shall submit to the appropriate congressional committees a report on the implementation of this subsection for the prior fiscal year. The report shall include a description of—

''(i) the effectiveness of interventions carried out to improve the nutritional status of individuals with HIV/AIDS;

''(ii) the amount of funds provided for food and nutrition support for individuals with HIV/AIDS and affected individuals in the prior fiscal year and the projected amount of funds to be provided for such purpose for next fiscal year; and

''(iii) a strategy for improving the linkage between assistance provided with funds authorized under this subsection and food security and livelihood programs under other provisions of law as well as ac-

tivities funded by other donors and multilateral organizations.

''(D) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this subsection.''.

(d) ELIGIBILITY FOR ASSISTANCE.—Subsection (d) of such section is amended to read as follows:

''(d) ELIGIBILITY FOR ASSISTANCE.—An organization, including a faith-based organization, that is otherwise eligible to receive assistance under section 104A of the Foreign Assistance Act of 1961 (as added by subsection (a)) or under any other provision of this Act (or any amendment made by this Act or the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008) to prevent, treat, or monitor HIV/AIDS—

''(1) shall not be required, as a condition of receiving the assistance, to endorse or utilize a multisectoral approach to combating HIV/AIDS, or to endorse, utilize, make a referral to, become integrated with or otherwise participate in any program or ac-

tivity to which the organization has a religious or moral objection; and

''(2) shall not be discriminated against in the solicitation or issuance of grants, contracts, or cooperative agreements under such provisions of law for refusing to do so.''.

(e) SENSE OF CONGRESS.—Such section is further amended by striking subsection (g).

(f) REPORT.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall submit to the appropriate congressional committees a report identifying a target for the number of additional health professionals and workers needed in host countries to provide HIV/AIDS prevention, treatment, and care and the training needs of such health professionals and workers. The target should reflect available data and should identify the need for United States Government contributions to meet the target.

(2) DEFINITION.—In this subsection, the term ''appropriate congressional committees'' has the meaning given the term in section 3 of the United

States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7602).

SEC. 302. ASSISTANCE TO COMBAT TUBERCULOSIS.

(a) AMENDMENTS TO THE FOREIGN ASSISTANCE ACT OF 1961.—

(1) FINDINGS.—Subsection (a) of section 104B of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is amended by striking paragraphs (1) and (2) and inserting the following:

''(1) Tuberculosis is one of the greatest infectious causes of death of adults worldwide, killing 1.6 million individuals per year—one person every 20 seconds.

''(2) Tuberculosis is the leading infectious cause of death among individuals who are infected with HIV due to their weakened immune systems, and it is estimated that one-third of such individuals have tuberculosis. Tuberculosis is also a leading killer of women of reproductive age.

''(3) Driven by the HIV/AIDS pandemic, incidence rates of tuberculosis in sub-Saharan Africa have more than doubled on average since 1990. The problem is so pervasive that in August 2005, African health ministers and the World Health Organization

(WHO) declared tuberculosis to be an emergency in sub-Saharan Africa.

''(4)(A) The wide extent of drug resistance, including both multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB), represents both a critical challenge to the global control of tuberculosis and a serious worldwide public health threat.

''(B) XDR–TB, which is a form of MDR–TB with additional resistance to multiple second-line anti-tuberculosis drugs, is associated with worst treatment outcomes of any form of tuberculosis.

''(C) XDR–TB is converging with the HIV/AIDS epidemic, undermining gains in HIV/AIDS prevention and treatment programs and requires urgent interventions.

''(D) Drug resistance surveillance reports have confirmed the serious scale and spread of tuberculosis, with XDR–TB strains confirmed on six continents.

''(E) Demonstrating the lethality of XDR–TB, an initial outbreak in Tugela Ferry, South Africa, in 2006 killed 52 of 53 patients with hundreds more cases reported since that time.

''(F) Of the world's regions, sub-Saharan Africa, faces the greatest gap in capacity to prevent, treat, and care for individuals with XDR–TB.''.

(2) POLICY.—Subsection (b) of such section is amended to read as follows:

''(b) POLICY.—It is a major objective of the foreign assistance program of the United States to control tuberculosis. In all countries in which the Government of the United States has established development programs, particularly in countries with the highest burden of tuberculosis and other countries with high rates of tuberculosis, the United States Government should prioritize the achievement of the following goals by not later than December 31, 2015:

''(1) Reduce by one-half the tuberculosis death and disease burden from the 1990 baseline.

''(2) Sustain or exceed the detection of at least 70 percent of sputum smear-positive cases of tuberculosis and the cure of at least 85 percent of such cases detected.''.

(3) ACTIVITIES SUPPORTED.—Such section is further amended—

(A) by redesignating subsections (d) through (f) as subsections (e) through (g); and

(B) by inserting after subsection (c) the following:

''(d) ACTIVITIES SUPPORTED.—Assistance provided under subsection (c) shall, to the maximum extent practicable, be used to carry out the following activities:

''(1) Provide diagnostic counseling and testing to individuals with HIV/AIDS for tuberculosis (including a culture diagnosis to rule out multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB) and provide HIV/AIDS voluntary counseling and testing to individuals with any form of tuberculosis.

''(2) Provide tuberculosis treatment to individuals receiving treatment and care for HIV/AIDS who have active tuberculosis and provide prophylactic treatment to individuals with HIV/AIDS who also have a latent tuberculosis infection.

''(3) Link individuals with both HIV/AIDS and tuberculosis to HIV/AIDS treatment and care services, including antiretroviral therapy and cotrimoxazole therapy.

''(4) Ensure that health care workers trained to diagnose, treat, and provide care for HIV/AIDS are also trained to diagnose, treat, and provide care for individuals with both HIV/AIDS and tuberculosis.

''(5) Ensure that individuals with active pulmonary tuberculosis are provided a culture diagnosis, including drug susceptibility testing to rule out multi-drug resistant tuberculosis (MDR–TB) and extensively drug resistant tuberculosis (XDR–TB) in areas with high prevalence of tuberculosis drug resistance.''.

(4) PRIORITY TO STOP TB STRATEGY.—Subsection (f) of such section (as redesignated by paragraph (3) of this subsection) is amended—

(A) by amending the heading to read as follows: ''PRIORITY TO STOP TB STRATEGY'';

(B) in the first sentence, by striking ''In furnishing'' and all that follows through '', including funding'' and inserting the following:

''(1) PRIORITY.—In furnishing assistance under subsection (c), the President shall give priority to—

''(A) activities described in the Stop TB Strategy, including expansion and enhancement of Directly Observed Treatment Short-course (DOTS) coverage, treatment for individuals infected with both tuberculosis and HIV and treatment for individuals with multi-drug resistant tuberculosis (MDR–TB), strengthening of health systems, use of the International Stand-

ards for Tuberculosis Care by all care providers, empowering individuals with tuberculosis, and enabling and promoting research to develop new diagnostics, drugs, and vaccines, and program-based operational research relating to tuberculosis; and

''(B) funding''; and

(C) in the second sentence—

(i) by striking ''In order to'' and all that follows through ''not less than'' and inserting the following:

''(2) AVAILABILITY OF AMOUNTS.—In order to meet the requirements of paragraph (1), the President—

''(A) shall ensure that not less than'';

(ii) by striking ''for Directly Observed Treatment Short-course (DOTS) coverage and treatment of multi-drug resistant tuberculosis using DOTS–Plus,'' and inserting ''to implement the Stop TB Strategy; and''; and

(iii) by striking ''including'' and all that follows and inserting the following:

''(B) should ensure that not less than $15,000,000 of the amount made available to

carry out this section for a fiscal year is used to make a contribution to the Global Tuberculosis Drug Facility.''.

(5) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—Such section is further amended—

(A) by redesignating subsection (g) (as redesignated by paragraph (3) of this subsection) as subsection (h); and

(B) by inserting after subsection (f) (as redesignated by paragraph (4) and amended by paragraph (5) of this subsection) the following new subsection:

''(g) ASSISTANCE FOR WHO AND THE STOP TUBERCULOSIS PARTNERSHIP.—In carrying out this section, the President, acting through the Administrator of the United States Agency for International Development, is authorized to provide increased resources to the World Health Organization (WHO) and the Stop Tuberculosis Partnership to improve the capacity of countries with high rates of tuberculosis and other affected countries to implement the Stop TB Strategy and specific strategies related to addressing extensively drug resistant tuberculosis (XDR–TB).''.

(6) DEFINITIONS.—Subsection (h) of such section (as redesignated by paragraph (5)(A) of this subsection) is amended—

(A) in paragraph (1), by adding at the end before the period the following: ", including low cost and effective diagnosis and evaluation of treatment regimes, vaccines, and monitoring of tuberculosis, as well as a reliable drug supply, and a management strategy for public health systems, with health system strengthening, promotion of the use of the International Standards for Tuberculosis Care by all care providers, bacteriology under an external quality assessment framework, short-course chemotherapy, and sound reporting and recording systems''; and

(B) by adding after paragraph (5) the following new paragraph:

''(6) STOP TB STRATEGY.—The term 'Stop TB Strategy' means the six-point strategy to reduce tuberculosis developed by the World Health Organization. The strategy is described in the Global Plan to Stop TB 2007–2016: Actions for Life, a comprehensive plan developed by the Stop Tuberculosis Partnership that sets out the actions necessary to

achieve the millennium development goal of cutting tuberculosis deaths and disease burden in half by 2016.''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 302(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7632(b)) is amended—

(1) in paragraph (1), by striking ''such sums as may be necessary for each of the fiscal years 2004 through 2008'' and inserting ''$4,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 303. ASSISTANCE TO COMBAT MALARIA.

(a) AMENDMENT TO THE FOREIGN ASSISTANCE ACT OF 1961.—Section 104C(b) of the Foreign Assistance Act of 1961 (22 U.S.C. 21516–4(b)) is amended by striking ''control, and cure'' and inserting ''treatment, and care''.

(b) AUTHORIZATION OF APPROPRIATIONS.—Section 303(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7633(b)) is amended—

(1) in paragraph (1), by striking ''such sums as may be necessary for fiscal years 2004 through

2008'' and inserting ''$5,000,000,000 for fiscal years 2009 through 2013''; and

(2) in paragraph (3), by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

(c) DEVELOPMENT OF A COMPREHENSIVE FIVE-YEAR STRATEGY.—Section 303 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7633) is amended by adding at the end the following:

''(d) DEVELOPMENT OF A COMPREHENSIVE FIVE-YEAR STRATEGY.—The President shall establish a comprehensive, five-year strategy to combat global malaria that strengthens the capacity of the United States to be an effective leader of international efforts to reduce the global malaria disease burden. Such strategy shall maintain sufficient flexibility and remain responsive to the ever-changing nature of the global malaria challenge and shall—

''(1) include specific objectives, multisectoral approaches and strategies to treat and provide care to individuals infected with malaria, to prevent the further spread of malaria;

''(2) describe how this strategy would contribute to the United States' overall global health and development goals;

''(3) clearly explain how proposed activities to combat malaria will be coordinated with other United States global health activities, including the five-year global HIV/AIDS and tuberculosis strategies developed pursuant to section 101 of this Act;

''(4) expand public-private partnerships and leveraging of resources to combat malaria, including private sector resources;

''(5) coordinate among relevant executive branch agencies providing assistance to combat malaria in order to maximize human and financial resources and reduce unnecessary duplication among such agencies and other donors;

''(6) maximize United States capabilities in the areas of technical assistance, training, and research, including vaccine research, to combat malaria; and

''(7) establish priorities and selection criteria for the distribution of resources to combat malaria based on factors such as the size and demographics of the population with malaria, the needs of that population, the host countries' existing infrastructure, and the host countries' ability to complement

United States efforts with strategies outlined in national malaria control plans.

''(e) MALARIA RESPONSE COORDINATOR.—

''(1) IN GENERAL.—There should be established within the United States Agency for International Development a Coordinator of United States Government Activities to Combat Malaria Globally, who should be appointed by the President.

''(2) AUTHORITIES.—The Coordinator, acting through such nongovernmental organizations and relevant executive branch agencies as may be necessary and appropriate to effect the purposes of section 104C of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–4), is authorized—

''(A) to operate internationally to carry out prevention, treatment, care, support, capacity development of health systems, and other activities for combating malaria;

''(B) to transfer and allocate funds to relevant executive branch agencies;

''(C) to provide grants to, and enter into contracts with, nongovernmental organizations to carry out the purposes of such section 104C;

''(D) to enter into contracts and transfer and allocate funds to international organiza-

tions to carry out the purposes of such section 104C; and

''(E) to coordinate with a public-private partnership to discover and develop effective new antimalarial drugs, including drugs for multi-drug resistant malaria and malaria in pregnant women.

''(3) DUTIES.—

''(A) IN GENERAL.—The Coordinator shall have primary responsibility for the oversight and coordination of all resources and global United States government activities to combat malaria.

''(B) SPECIFIC DUTIES.—The Coordinator shall—

''(i) facilitate program and policy coordination among relevant executive branch agencies and nongovernmental organizations, including auditing, monitoring and evaluation of such programs;

''(ii) ensure that each relevant executive branch agency has sufficient resources to execute programs in areas in which the agency has the greatest expertise, technical capability, and potential for success;

"(iii) coordinate with the Office of the Coordinator of United States Government Activities to Combat HIV/AIDS Globally and equivalent managers of other relevant executive branch agencies that are implementing global health programs to develop and implement program plans, country-level interactions, and recipient administrative requirements in countries in which more than one program operates;

"(iv) coordinate relevant executive branch agency activities in the field, including coordination of planning, implementation, and evaluation of malaria programs with HIV/AIDS programs in countries in which both programs are being carried out;

"(v) pursue coordinate program implementation with host governments, other donors, and the private sector; and

"(vi) establish due diligence criteria for all recipients of funds appropriated pursuant to the authorizations of appropriations under section 401 for malaria assistance.

''(f) ASSISTANCE TO WHO.—In carrying out this section, the President is authorized to make a United States contribution to the Roll Back Malaria Partnership and the World Health Organization (WHO) to improve the capacity of countries with high rates of malaria and other affected countries to implement comprehensive malaria control programs.

''(g) ANNUAL REPORT.—

''(1) IN GENERAL.—Not later than 270 days after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter, the President shall transmit to the appropriate congressional committees a report on United States assistance for the prevention, treatment, control, and elimination of malaria.

''(2) MATTERS TO BE INCLUDED.—The report required under paragraph (1) shall include a description of—

''(A) the countries and activities to which malaria assistance has been allocated;

''(B) the number of people reached through malaria assistance programs;

"(C) the percentage and number of children and mothers reached through malaria assistance programs;

"(D) research efforts to develop new tools to combat malaria, including drugs and vaccines;

"(E) collaboration with the World Health Organization (WHO), the Global Fund to Fight AIDS, Tuberculosis and Malaria, other donor governments, and relevant executive branch agencies to combat malaria;

"(F) quantified impact of United States assistance on childhood morbidity and mortality;

"(G) the number of children who received immunizations through malaria assistance programs; and

"(H) the number of women receiving antenatal care through malaria assistance programs.".

SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

(a) IN GENERAL.—Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria

Act of 2003 (22 U.S.C. 7631 et seq.) is amended by striking section 304 and inserting the following:

"SEC. 304. HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.

"(a) SENSE OF CONGRESS.—It is the sense of Congress that the use of health care partnerships that link United States and host country health care institutions create opportunities for sharing of knowledge and expertise among individuals with significant experience in health-related fields and build local capacity to combat HIV/AIDS and increase scientific understanding of the progression of HIV/AIDS and the HIV/AIDS epidemic.

"(b) AUTHORITY TO FACILITATE HEALTH CARE PARTNERSHIPS TO COMBAT HIV/AIDS.—The President, acting through the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, shall facilitate the development of health care partnerships described in subsection (a) by–

"(1) supporting short- and long-term institutional partnerships, including partnerships that build capacity in ministries of health, central- and district-level health agencies, medical facilities, health education and training institutions, academic centers, and faith- and community-based organizations in-

volved in prevention, treatment, and care of HIV/AIDS;

''(2) supporting the development of consultation services using appropriate technologies, including online courses, DVDs, telecommunications services, and other technologies to eliminate the barriers that prevent host country professionals from accessing high quality health care services information, particularly providers located in rural areas;

''(3) supporting the placements of highly qualified individuals to strengthen human and organizational capacity through the use of health care professionals to facilitate skills transfer, building local capacity, and to expand rapidly the pool of providers, managers, and other health care staff delivering HIV/AID services in host countries; and

''(4) meeting individual country needs and, where possible, insisting on the implementation of a national strategic plan, by providing training and mentoring to strengthen human and organizational capacity among local health care service organizations.

''(c) AUTHORIZATION OF APPROPRIATIONS.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be ap-

propriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this section.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by striking the item relating to section 304 and inserting the following new item:

''Sec. 304. Health care partnerships to combat HIV/AIDS.''.

Subtitle B—Assistance for Women, Children, and Families

SEC. 311. POLICY AND REQUIREMENTS.

(a) POLICY.—Subsection (a) of section 312 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7652) is amended—

(1) in the first sentence, by striking ''The United States Government's'' and inserting the following:

''(1) IN GENERAL.—The United States''; and

(2) by adding at the end the following:

''(2) COLLABORATION.—The United States should work in collaboration with governments, donors, the private sector, nongovernmental organizations, and other key stakeholders to carry out the policy described in paragraph (1).''.

(b) REQUIREMENTS.—Subsection (b) of such section is amended to read as follows:

''(b) REQUIREMENTS.—The 5-year United States strategy required by section 101 of this Act shall—

''(1) establish a target for prevention and treatment of mother-to-child transmission of HIV that by 2013 will reach at least 80 percent of pregnant women in those countries most affected by HIV/AIDS;

''(2) establish a target requiring that by 2013 up to 15 percent of individuals receiving care and up to 15 percent of individuals receiving treatment under this Act and the amendments made by this Act are children;

''(3) integrate care and treatment with prevention of mother-to-child transmission of HIV programs in order to improve outcomes for HIV-affected women and families as soon as is feasible, consistent with the national government policies of countries in which programs under this Act are administered, and including support for strategies to ensure successful follow-up and continuity of care;

''(4) expand programs designed to care for children orphaned by HIV/AIDS;

''(5) develop a timeline for expanding access to more effective regimes to prevent mother-to-child transmission of HIV, consistent with the national government policies of countries in which programs under this Act are administered and the goal of achieving universal use of such regimens as soon as possible;

''(6) ensure that women receiving voluntary contraceptive counseling, services, or commodities in programs supported by the United States Government have access to the full range of HIV/AIDS services; and

''(7) ensure that women in prevention of mother-to-child transmission of HIV programs are provided with appropriate maternal and child services, either directly or by referral.''.

SEC. 312. ANNUAL REPORTS ON PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF THE HIV INFECTION.

Section 313(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7653(a)) is amended by striking ''5 years'' and inserting ''10 years''.

SEC. 313. STRATEGY TO PREVENT HIV INFECTIONS AMONG WOMEN AND YOUTH.

(a) IN GENERAL.—Title III of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7631 et seq.) is amended by adding at the end the following:

"SEC. 316. STRATEGY TO PREVENT HIV INFECTIONS AMONG WOMEN AND YOUTH.

''(a) STATEMENT OF POLICY.—In order to meet the United States Government's goal of preventing 12,000,000 new HIV infections worldwide, it shall be the policy of the United States to pursue a global HIV/AIDS prevention strategy that emphasizes the immediate and ongoing needs of women and youth and addresses the factors that lead to gender disparities in the rate of HIV infection.

''(b) STRATEGY.—

''(1) IN GENERAL.—The President shall formulate a comprehensive, integrated, and culturally-appropriate global HIV/AIDS prevention strategy that, to the extent epidemiologically appropriate, addresses the vulnerabilities of women and youth to HIV infection and seeks to reduce the factors that lead to gender disparities in the rate of HIV infection.

''(2) ELEMENTS.—The strategy required under paragraph (1) shall include specific goals and tar-

gets under the 5-year strategy outlined in section 101 and shall include comprehensive HIV/AIDS prevention education at the individual and national level including the ABC ('Abstain, Be faithful, use Condoms') model as a means to reduce HIV infections and shall include the following:

"(A) Specific goals under the five-year strategy outlined in section 101.

"(B) Empowering women and youth to avoid cross-generational sex and to decide when and whom to marry in order to reduce the incidence of early or child marriage.

"(C) Dramatically increasing access to currently available female-controlled prevention methods and including investments in training to increase the effective and consistent use of both male and female condoms.

"(D) Accelerating the de-stigmatization of HIV/AIDS among women and youth as a major risk factor for the transmission of HIV.

"(E) Addressing and preventing post-traumatic and psycho-social consequences and providing post-exposure prophylaxis to victims of gender-based violence and rape against women and youth through appropriate medical, social,

educational, and legal assistance and through prosecutions and legal penalties to address such violence.

''(F) Promoting changes in male attitudes and behavior that respect the human rights of women and youth and that support and foster gender equality.

''(G) Supporting the development of micro-enterprise initiatives, job training programs, and other such efforts to assist women in developing and retaining independent economic means.

''(H) Supporting universal basic education and expanded educational opportunities for women and youth.

''(I) Protecting the property and inheritance rights of women.

''(J) Coordinating inclusion of HIV/AIDS prevention information and education services and programs for individuals with HIV/AIDS with existing health care services targeted to women and youth, such as ensuring access to HIV/AIDS education and testing in family planning programs supported by the United States Government and programs to reduce

mother-to-child transmission of HIV, and expanding the reach of such HIV/AIDS health services.

''(K) Promoting gender equality by supporting the development of nongovernmental organizations, including faith-based and community-based organizations, that support the needs of women and utilizing such organizations that are already empowering women and youth at the community level.

''(L) Encouraging the creation and effective enforcement of legal frameworks that guarantee women equal rights and equal protection under the law.

''(M) Encouraging the participation and involvement of women in drafting, coordinating, and implementing the national HIV/AIDS strategic plans of their countries.

''(N) Responding to other economic and social factors that increase the vulnerability of women and youth to HIV infection.

''(3) TRANSMISSION TO CONGRESS AND PUBLIC AVAILABILITY.—Not later than 180 days after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tu-

berculosis, and Malaria Reauthorization Act of 2008, the President shall transmit to the appropriate congressional committees and make available to the public the strategy required under paragraph (1).

''(c) COORDINATION.—In formulating and implementing the strategy required under subsection (b), the President shall ensure that the United States coordinates its overall HIV/AIDS policy and programs with the national governments of the countries for which the United States provides assistance to combat HIV/AIDS and, to the extent practicable, with international organizations, other donor countries, and indigenous organizations, including faith-based and community-based organizations specifically for the purposes of ensuring gender equality and promoting respect of the human rights of women that impact their susceptibility to HIV/AIDS, improving women's health, and expanding education for women and youth, and organizations, including faith-based and other nonprofit organizations, providing services to and advocating on behalf of individuals with HIV/AIDS and individuals affected by HIV/AIDS.

''(d) GUIDANCE.—

''(1) IN GENERAL.—The President shall provide clear guidance to field missions of the United States

Government in countries for which the United States provides assistance to combat HIV/AIDS, based on the strategy required under subsection (b).

''(2) TRANSMISSION TO CONGRESS AND PUBLIC AVAILABILITY.—The President shall transmit to the appropriate congressional committees and make available to the public a description of the guidance required under paragraph (1).

''(e) REPORT.—

''(1) IN GENERAL.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tuberculosis, and Malaria Reauthorization Act of 2008, and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall transmit to the appropriate congressional committees and make available to the public a report on the implementation of this section for the prior fiscal year.

''(2) MATTERS TO BE INCLUDED.—The report required under paragraph (1) shall include the following:

''(A) A description of the prevention programs designed to address the vulnerabilities of women and youth to HIV/AIDS.

''(B) A list of nongovernmental organizations in each country that receive assistance from the United States to carry out HIV prevention activities, including the amount and the source of funding received.''.

(b) CLERICAL AMENDMENT.—The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by inserting after the item relating to section 315 the following:

''Sec. 316. Strategy to prevent HIV infections among women and youth.''.

SEC. 314. CLERICAL AMENDMENT.

The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 note) is amended by striking the item relating to subtitle B of title III and inserting the following:

''Subtitle B—Assistance for Women, Children, and Families''.

TITLE IV—AUTHORIZATION OF APPROPRIATIONS

SEC. 401. AUTHORIZATION OF APPROPRIATIONS.

Section 401(a) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671(a)) is amended—

(1) by striking ''$3,000,000,000'' and inserting ''$10,000,000,000''; and

(2) by striking ''fiscal years 2004 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 402. SENSE OF CONGRESS.

Section 402(b) of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7672) is amended—

(1) by striking paragraph (1);

(2) by redesignating paragraphs (2) through (4) as paragraphs (1) through (3), respectively; and

(3) in paragraph (2) (as redesignated by paragraph (2) of this section), by striking '', of which'' and all that follows through ''programs''.

SEC. 403. ALLOCATION OF FUNDS.

(a) HIV/AIDS PREVENTION ACTIVITIES.—Subsection (a) of section 403 of the United States Leadership

Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7673) is amended to read as follows:

''(a) HIV/AIDS PREVENTION ACTIVITIES.—

''(1) IN GENERAL.—For each of the fiscal years 2009 through 2013, not less than 20 percent of the amounts appropriated pursuant to the authorization of appropriations under section 401 for HIV/AIDS assistance for each such fiscal year shall be expended for HIV/AIDS prevention activities consistent with section 104A(d) of the Foreign Assistance Act of 1961.

''(2) BALANCED FUNDING REQUIREMENT.—(A) The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall provide balanced funding for prevention activities for sexual transmission of HIV/AIDS and shall ensure that behavioral change programs, including abstinence, delay of sexual debut, monogamy, fidelity and partner reduction, are implemented and funded in a meaningful and equitable way in the strategy for each host country based on objective epidemiological evidence as to the source of infections and in consultation with the government of each host county involved in HIV/AIDS prevention activities.

''(B) In fulfilling the requirement under subparagraph (A), the Coordinator shall establish a HIV sexual transmission prevention strategy governing the expenditure of funds authorized by the Act used to prevent the sexual transmission of HIV in any host country with a generalized epidemic. In each such host country, if this strategy provides less than 50 percent of such funds for behavioral change programs, including abstinence, delay of sexual debut, monogamy, fidelity, and partner reduction, the Coordinator shall, within 30 days of the issuance of this strategy, report to the appropriate congressional committees on the justification for this decision.

''(C) Programs and activities that implement or purchase new prevention technologies or modalities such as medical male circumcision, pre-exposure prophylaxis, or microbicides and programs and activities that provide counseling and testing for HIV or prevent mother-to-child prevention of HIV shall not be included in determining compliance with this paragraph.

''(3) REPORT.—Not later than 1 year after the date of the enactment of the Tom Lantos and Henry J. Hyde Global Leadership Against HIV/AIDS, Tu-

berculosis, and Malaria Reauthorization Act of 2008, and annually thereafter as part of the annual report required under section 104A(e) of the Foreign Assistance Act of 1961 (22 U.S.C. 2151b–2(e)), the President shall transmit to the appropriate congressional committees and make available to the public a report on the implementation of paragraph (2) for the prior fiscal year.''.

(b) ORPHANS AND VULNERABLE CHILDREN.—Subsection (b) of such section is amended by striking ''fiscal years 2006 through 2008'' and inserting ''fiscal years 2009 through 2013''.

SEC. 404. PROHIBITION ON TAXATION BY FOREIGN GOVERNMENTS.

(a) PROHIBITION ON TAXATION.—None of the funds appropriated pursuant to the authorization of appropriations under section 401 of the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7671) may be made available to provide assistance for a foreign country under a new bilateral agreement governing the terms and conditions under which such assistance is to be provided unless such agreement includes a provision stating that assistance provided by the United States shall be exempt from taxation, or reimbursed, by the foreign government, and the Secretary

of State shall expeditiously seek to negotiate amendments to existing bilateral agreements, as necessary, to conform with this requirement.

(b) DE MINIMUS EXCEPTION.—Foreign taxes of a de minimus nature shall not be subject to the provisions of subsection (a).

(c) REPROGRAMMING OF FUNDS.—Funds withheld from obligation for each country or entity pursuant to subsection (a) shall be reprogrammed for assistance to countries which do not assess taxes on United States assistance or which have an effective arrangement that is providing substantial reimbursement of such taxes.

(d) DETERMINATIONS.—

(1) IN GENERAL.—The provisions of this section shall not apply to any country or entity the Secretary of State determines—

(A) does not assess taxes on United States assistance or which has an effective arrangement that is providing substantial reimbursement of such taxes; or

(B) the foreign policy interests of the United States outweigh the policy of this section to ensure that United States assistance is not subject to taxation.

(2) CONSULTATION.—The Secretary of State shall consult with the Committees on Foreign Affairs and Appropriations at least 15 days prior to exercising the authority of this subsection with regard to any country or entity.

(e) IMPLEMENTATION.—The Secretary of State shall issue rules, regulations, or policy guidance, as appropriate, to implement the prohibition against the taxation of assistance contained in this section.

(f) DEFINITIONS.—As used in this section—

(1) the terms ''taxes'' and ''taxation'' refer to value added taxes and customs duties imposed on commodities financed with United States assistance for programs for which funds are authorized by this Act; and

(2) the term ''bilateral agreement'' refers to a framework bilateral agreement between the Government of the United States and the government of the country receiving assistance that describes the privileges and immunities applicable to United States foreign assistance for such country generally, or an individual agreement between the Government of the United States and such government that describes, among other things, the treatment for tax

purposes that will be accorded the United States assistance provided under that agreement.

TITLE V—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

SEC. 501. SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS.

The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003 (22 U.S.C. 7601 et seq.) is amended by adding at the end the following:

"TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

"SEC. 601. FINDINGS.

''Congress makes the following findings:

''(1) The shortage of health personnel, including doctors, nurses, pharmacists, counselors, laboratory staff, and paraprofessionals, is one of the leading obstacles to fighting HIV/AIDS in sub-Saharan Africa.

''(2) The HIV/AIDS pandemic aggravates the shortage of health workers through loss of life and illness among medical staff, unsafe working conditions for medical personnel, and increased workloads for diminished staff, while the shortage of health

personnel undermines efforts to prevent and provide care and treatment for individuals with HIV/AIDS.

''(3) Failure to address the shortage of health care professionals and paraprofessionals, and the factors forcing such individuals to leave sub-Saharan Africa, will undermine the objectives of United States development policy and will subvert opportunities to achieve internationally-recognized goals for the prevention, treatment, and care of HIV/AIDS and other diseases, the reduction of child and maternal mortality, and for economic growth and development in sub-Saharan Africa.

''SEC. 602. NATIONAL HEALTH WORKFORCE STRATEGIES AND OTHER POLICIES.

''(a) NATIONAL HEALTH WORKFORCE STRATEGIES.—

''(1) STATEMENT OF POLICY.—It shall be the policy of the United States Government to support countries receiving United States assistance to combat HIV/AIDS, tuberculosis, and malaria, and other health programs in developing, strengthening, and implementing 5-year health workforce strategies.

''(2) TECHNICAL AND FINANCIAL ASSISTANCE.—The Administrator of the United States Agency for International Development, in coordina-

tion with the Coordinator of United States Government Activities to Combat HIV/AIDS Globally, is authorized to provide technical and financial assistance to countries described in paragraph (1) to enable such countries, in conjunction with other funding sources, to develop, strengthen, and implement health workforce strategies.

''(3) ACTIVITIES SUPPORTED.—Assistance provided under paragraph (2) shall, to the maximum extent practicable, be used to carry out the following:

''(A) Activities to promote an inclusive process that includes nongovernmental organizations and individuals with HIV/AIDS in developing health workforce strategies.

''(B) Activities to achieve and sustain a health workforce sufficient in numbers, skill, and capacity to meet United States and host-country international health commitments, including the Millennium Development Goals and universal access to HIV/AIDS prevention, treatment, and care. In particular, such health workforce strategies should include plans for progress toward achieving the minimum ratio of health professionals required to achieve these

goals by 2015, estimated by the World Health Organization to require at least 2.3 doctors, nurses, and midwives per 1,000 population, and additional health workers such as pharmacists and lab technicians.

''(C) Activities to ensure that health workforce strategies are aimed at creating appropriate distribution of health workers and prioritizing activities required to ensure rural, marginalized, and other underserved populations are able to access skilled and equipped health workers.

''(D) Activities to expand the capacity of public and private medical, nursing, pharmaceutical, and other health training institutions.

''(b) POSITIVE BROADER HEALTH IMPACT.—It shall be the policy of the United States to ensure to expand the capacity of the health workforce engaged in HIV/AIDS programming in ways that contribute to, and do not detract from, the capacity of countries to meet other health needs, particularly child survival and maternal health.

''(c) SAFETY FOR HEALTH WORKERS.—It is the sense of Congress that the United States should ensure that all health workers participating in programs that receive assistance under this Act and the amendments made

by this Act have the proper training to create safe and sanitary working conditions in accordance with universal precautions and other forms of infection prevention and control.

''(d) HEALTH CARE FOR HEALTH WORKERS.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall ensure that comprehensive and confidential health services shall be provided to all health workers participating in programs that receive assistance under this Act and the amendments made by this Act, including—

''(1) testing and counseling for all such employees;

''(2) providing HIV/AIDS treatment to HIV-positive employees; and

''(3) taking measures to reduce HIV-related stigma in the workplace.

''(e) TRAINING AND COMPENSATION FINANCE.—Where the Coordinator determines such financial support is essential to fulfill the purposes of this Act, the Coordinator shall finance training and provide compensation or other benefits for health workers in order to enhance recruitment and retention of such workers.

"SEC. 603. EXEMPTION OF INVESTMENTS IN HEALTH FROM LIMITS SOUGHT BY INTERNATIONAL FINANCIAL INSTITUTIONS.

"(a) COORDINATION WITHIN THE UNITED STATES GOVERNMENT.—The Coordinator of United States Government Activities to Combat HIV/AIDS Globally shall work with the Secretary of the Treasury to reform International Monetary Fund macroeconomic and fiscal policies that result in limitations on national and donor investments in health.

"(b) POSITION OF THE UNITED STATES AT THE IMF.—The Secretary of the Treasury shall instruct the United States Executive Director at the International Monetary Fund to use the voice, vote, and influence of the United States to oppose any loan, project, agreement, memorandum, instrument, plan, or other program of the International Monetary Fund that does not exempt increased government spending on health care from national budget caps or restraints, hiring or wage bill ceilings, or other limits sought by any international financial institution.

"SEC. 604. PUBLIC-SECTOR PROCUREMENT, DRUG REGISTRATION, AND SUPPLY CHAIN MANAGEMENT SYSTEMS.

"(a) IN GENERAL.—The Coordinator of United States Government Activities to Combat AIDS Globally

shall work with the Partnership for Supply Chain Management Systems, host countries, and nongovernmental organizations to develop effective, reliable host country-owned and operated public-sector procurement and supply chain management systems, including regional distribution, with ongoing technical assistance and sustained support to ensure the function of such systems, as well as the function of existing non-public sector supply chains, including those operated by faith-based and other humanitarian organizations that procure and distribute medical supplies.

''(b) AVAILABILITY OF EQUIPMENT AND SUPPLIES.—The public-sector procurement and supply chain management systems developed pursuant to subsection (a) should ensure that adequate laboratory equipment and supplies commonly needed to fight HIV/AIDS, including diagnostic tests for CD4 and viral load counts, x-ray machines, mobile and facility-based rapid HIV test kits and other necessary assays, reagents and basic supplies such as sterile syringes and gloves, are available and distributed in a manner that is accessible to urban and rural populations.

''(c) DRUG REGISTRATION.—The Coordinator shall work with host country partners and development partners to support efficient and effective drug approval and reg-

istration systems that allow expeditious access to safe and effective drugs, including antiretroviral drugs.

''(d) REPORT.—The Coordinator shall submit to the appropriate congressional committees an annual report on the implementation of this section, including progress toward specific benchmarks established by the Partnership for Supply Chain Management Systems, and the projection of when host countries can fully sustain their own procurement and supply chain management and distribution systems at a scale necessary for national primary health needs.

''SEC. 605. AUTHORIZATION OF APPROPRIATIONS.

''(a) IN GENERAL.—Of the amounts authorized to be appropriated under section 401 for HIV/AIDS assistance, there are authorized to be appropriated to the President such sums as may be necessary for each of the fiscal years 2009 through 2013 to carry out this title.

''(b) AVAILABILITY.—Amounts appropriated pursuant to the authorization of appropriations under subsection (a) are authorized to remain available until expended.''.

SEC. 502. CLERICAL AMENDMENT.

The table of contents for the United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act

of 2003 (22 U.S.C. 7601 note) is amended by inserting after the items relating to title V the following:

"TITLE VI—SUSTAINABILITY AND STRENGTHENING OF HEALTH CARE SYSTEMS

Union Calendar No. 333

110TH CONGRESS
2D SESSION

H. R. 5501

[Report No. 110–546, Part I]

A BILL

To authorize appropriations for fiscal years 2009 through 2013 to provide assistance to foreign countries to combat HIV/AIDS, tuberculosis, and malaria, and for other purposes.

MARCH 10, 2008

Committee on Financial Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed